



Fort Bend ISD Professional School Counseling Practicum/Internship or LPC-Intern* Guidelines

1. The district will make every effort to work with FBISD teachers who would like to complete a practicum/internship on their own campus. It is, however, ultimately the principal's decision as to whether or not that is appropriate for his/her campus. Note: Although a school counselor is required to oversee any counselor intern while on campus, a school counselor cannot act as an LPC-Supervisor for an LPC-Intern, unless the school counselor is licensed by the state as an LPC-Supervisor. *This packet is not required for LPC-Interns who are current FBISD school counselors.
2. All practicum/internship students and LPC-Interns must complete a "Counseling Practicum/Internship Application" as well as a "Confidentiality Agreement." Both forms must be signed by the building principal, and the Confidentiality Agreement must also be signed by the intern's supervising professor/LPC-S and supervising school counselor. Please note the supervising school counselor must have at least three years of school counseling experience. An LPC-Intern must secure their own LPC-Supervisor. LPC-Supervisors not employed by the district are not permitted to observe interns working with students on campus. A copy of these forms should be sent to the SEL and Enrichment Programs Department. School counseling graduate students: please submit information from your university which describes the practicum/internship course requirements.
3. We reserve the right to turn down anyone requesting a school counseling practicum/internship or LPC-Intern who is not employed by FBISD. Practicum/internship students or LPC-Interns who are not FBISD employees who have children that attend school in the district will be placed at a campus other than their child's school. A potential intern who is not a FBISD employee will have to undergo a background check completed by Human Resources.
4. If the practicum/internship student must video/audio record a student session, any such practices must be done so in accordance with confidentiality practices as stated in the Confidentiality Agreement and Parent Permission for Video/Audio Recording forms. You MAY NOT post the recorded session online, send it via e-mail, or send it through postal mail. If you need to share the recording with your practicum/internship supervisor, you may only do so by hand-delivering the file in person by you on a password protected flash drive, directly giving it to your supervisor.
5. **School counseling practicum/internship students may not practice outside the school day without supervision by their supervising campus counselor. LPC-Interns may not practice with students on campus outside of the school day.**
6. Practicum/internship students and LPC-Interns must provide proof of liability insurance effective from the start and end dates of their internship.
7. ANY PRACTICUM/INTERNSHIP STUDENT OR LPC-I MUST OBTAIN PRINCIPAL PERMISSION AND COMPLETE THE APPROPRIATE DISTRICT FORMS IN ORDER TO COLLECT HOURS.
8. In order to complete your school counseling graduate practicum or internship through placement at a FBISD campus, the district must have a signed affiliation agreement with the university. Please contact the SEL and Enrichment Programs Department at (281) 634-1129 for a current list of universities with affiliation agreements on file. If an affiliation agreement is not on file for your university, please allow at least eight months for the approval process.
9. LPC only internships have additional requirements. We have some school counselors who are LPC-Supervisor certified that may agree to "supervise" LPC interns who are FBISD employees. Or an LPC-Intern may elect to have an LPC-Supervisor outside of the district. This involves time outside of the school day when the LPC-Supervisor may meet with the LPC-Intern.



Academic Year _____ - _____

Counseling Practicum/Internship Application Fort Bend ISD

To allow for processing time, please submit your application and all supporting documents (either in one e-mail or one hard copy packet) at least 10 business days prior to the start of your practicum/internship semester.

Name _____ Phone _____

Email _____

University Contact or LPC-S _____ University or LPC-S Phone _____

University or LPC-S Contact Email _____

- I attached a verification letter from my university expressing my eligibility for field experience in a school counseling preparation program and outlines the practicum/internship requirements. LPC-Interns: Attach a copy of temporary license.
- I attached proof of professional liability insurance effective from the start/end dates of the practicum/internship.
- I attached the Confidentiality Agreement for Counselor Practicum/Internship Students and LPC-Interns.
- I submitted a Volunteer Application Form to FBISD Human Resources and provided proof my application was approved.
Current FBISD employees do not need to submit a Volunteer Application. (Go to FBISD.com>Departments and Services>Human Resources>Criminal History Check>Volunteer Criminal History Application. You will list yourself as a "student teacher.")
- I attached Pre-Employment Affidavit for Applicant Offered Employment

Placement Preference

- Elementary Junior High High School
- Specialty Campus Any location

The practicum/internship will be at _____ school with _____ (campus counselor) for the _____ school year.

School Principal Signature _____, Date _____

School Principal Name: _____ Campus: _____

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(Office use only)

Proof of Liability verified by _____, Date _____

Based on the information above your application has been:

- Approved without conditions
- Approved with the following conditions: _____
- Not approved for the following reason(s) _____

Printed Name and Title

Approval Signature

Date



FORT BEND INDEPENDENT SCHOOL DISTRICT
Department SEL and Enrichment Programs

Confidentiality Agreement for Counselor Practicum/Internship Students and LPC-Interns

When counseling practicum/internship students from local universities and LPC-Interns are assigned to FBISD for their field experience, confidentiality of all FBISD students must be ensured. To that end, the practicum/internship student or LPC-Intern must agree to the following guidelines.

- 1. All school and district policies regarding confidentiality must be observed.
2. Student names and private details disclosed in any counseling sessions (including individual sessions and small counseling groups) will not be revealed in discussions with anyone outside of the practicum/internship campus, including the supervising instructor and the internship/practicum cohort.
3. If a counseling practicum/internship student or LPC-Intern has an assignment that requires video or audio recording, the counselor intern may record an individual counseling session with only the counselor intern's face shown. The child's name or face will not be revealed in any way. The counselor intern must obtain written parent permission via the Parent Permission for Video/Audio Recording form (see in packet). You MAY NOT post the recorded session online, send it via e-mail, or send it through postal mail. If you need to share the video with your practicum/ internship supervisor, you may only do so by hand-delivering the video file in person by you on a password protected flash drive, directly giving it to your practicum/internship supervisor.
4. Failure to follow these guidelines will be considered a breach of confidentiality.

I have been informed and agree to abide by Fort Bend ISD guidelines for participating in the counseling practicum/internship program.

Signature of Intern

Date

Signature of Supervising University Instructor or LPC-Supervisor

Date

Signature of Campus Supervising Counselor

Date

Signature of Building Principal

Date

Pre-Employment Affidavit for Applicant Offered Employment

The following affidavit is offered to satisfy the requirement of Texas Education Code section 21.009 for a pre-employment affidavit. For purposes of this affidavit:

Adjudication and conviction refer to a conviction, plea of guilty or no contest (*nolo contendere*), probation, suspension, or deferred adjudication.

Charge refers to a formal criminal charge as documented by a primary charging instrument (a complaint, information, or indictment) under the Texas Code of Criminal Procedure.

Inappropriate relationship refers to the crime of improper relationship between educator and student in Texas Penal Code section 21.12, and any other inappropriate relationship as determined by the State Board for Educator Certification.

I declare the following:

- I have never been charged with, adjudicated for, or convicted of having an inappropriate relationship with a minor.
- I have been charged with, adjudicated for, or convicted of having an inappropriate relationship with a minor. The charge, adjudication, or conviction was determined to be **false**. The following are all of the relevant facts pertaining to the charge, adjudication, or conviction: _____.
- I have been charged with, adjudicated for, or convicted of having an inappropriate relationship with a minor. The charge, adjudication, or conviction was determined to be **true**. The following are all of the relevant facts pertaining to the charge, adjudication, or conviction: _____.

I declare under penalty of perjury that the foregoing is true and correct.

(Signature of Declarant)

(Date)

Name (First, Middle, Last)

Address (Street, City, State, Zip Code)

State of Texas

County of _____

Before me, a notary public, on this day personally appeared _____, known to me to be the person whose name is subscribed to the foregoing document and, being by me first duly sworn, declared that the statements therein contained are true and correct.

(Personalized Seal)

Notary Public's Signature



Parent Permission for Video/Audio Recording

As the parent of _____, I give permission to _____, counselor intern at _____ School to video or audio record an individual counseling session with my child, with the understanding that only the counselor practicum/internship student's face will be shown in any video recordings, and my child's name will not be will be revealed in any way (audio or video recording). The session will be monitored by the school's certified counselor(s). If you have questions, please feel free to call the counseling office at _____.

Parent Printed Name

Parent Signature

Date



**PERMISSION FOR COUNSELING SERVICES
with PRACTICUM/INTERNSHIP COUNSELOR**

DATE: _____

CAMPUS: _____

Dear Parent(s)/Guardian(s):

Your child has been invited to participate in individual and/or group counseling sessions. We would like the opportunity to get to know your child better, in an effort to support his/her learning and well-being in any capacity where we might be of assistance. Sessions with student(s) and practicum/internship counselors are confidential and will not be disclosed except in the event of child abuse or health and safety concerns. Furthermore, these sessions will be supervised by the certified campus counselor. While students are encouraged to engage in open communication with their parents about their issues, they are discouraged from discussing other students' personal or private information with whom they share group sessions.

Topics of discussion may include, but are not limited to:

- | | | |
|---|--|--|
| <input type="checkbox"/> social and friendship issues | <input type="checkbox"/> conflict resolution | <input type="checkbox"/> family dynamics |
| <input type="checkbox"/> decision-making | <input type="checkbox"/> study skills | <input type="checkbox"/> grief & loss issues |
| <input type="checkbox"/> problem solving | <input type="checkbox"/> goal-setting | <input type="checkbox"/> Other: _____ |

Counselors will not be engaged in "therapy," but rather "counseling support" within the context of the educational setting. Please sign below if you will agree to let us work with your child.

_____ I give permission for my son/daughter _____ to
(Student's Name)

participate in individual and/or group counseling sessions with _____
(Practicum/Intern Counselor)

under the supervision of the school's state certified counselor _____
(Campus Counselor)

at _____
(Name of School)

I understand that my consent is voluntary and may be revoked at any time upon written request.

_____ I decline permission for my child to participate in individual or small group counseling sessions at _____
(School)

Parent Signature

Date

Please return to Counselor: _____ Phone: _____